MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/069822

FILING DATE

APPLICANT(S)

CLAIMS

CLAIM	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	/					
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TOTAL IND. 5						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIM	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO-1360 (8-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS